

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 460**

COVER PAGE

Date Stamp

**CALIFORNIA FORM 460**

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2020</u>	<u>11/03/2020</u>
through <u>09/19/2020</u>	

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- Controlled
- Sponsored
- Sponsored (Also Complete Part 6)
- General Purpose Committee
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Patino for Mayor 2020

**4. Verification**

22 SEP 2020 FAX  
CITY CLERK'S OFFICE

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection

Statement - Attach Form 495

Preelection Statement

Semi-annual Statement

Termination Statement

(Also file a Form 410 Termination)

Amendment (Explain below)

**Treasurer(s)**

NAME OF TREASURER  
Tom Martinez  
MAILING ADDRESS  
2624 Airpark Dr.

CITY  
Santa Maria  
STATE  
CA  
ZIP CODE  
93455  
AREA CODE/PHONE  
(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY  
Trent Benedetti  
MAILING ADDRESS  
2151 S. College Dr., Ste. 101

CITY  
Santa Maria  
STATE  
CA  
ZIP CODE  
93455  
AREA CODE/PHONE  
(805) 934-5737

OPTIONAL: FAX / E-MAIL ADDRESS  
tommartinezazzassoc.net

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/22/2020

Date 9/22/2020

*Trent Martinez*  
Signature of Treasurer or Assistant Treasurer

Executed on 9/22/2020

Date 9/22/2020

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 9/22/2020

Date 9/22/2020

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 12

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE		
Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF TREASURER
Mayor	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	STREET ADDRESS (NO P.O. BOX)
2624 Airpark Drive	Santa Maria CA 93455	STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF COMMITTEE NAME	I.D. NUMBER	NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE AREA CODE/PHONE	
			<input type="checkbox"/> YES <input type="checkbox"/> NO								<input type="checkbox"/> YES <input type="checkbox"/> NO					

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
Alice Patino	BALLOT NO. OR LETTER	JURISDICTION
Mayor		

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

| OFFICE SOUGHT OR HELD |
|-----------------------|-----------------------|-----------------------|-----------------------|
|                       |                       |                       |                       |

*Attach continuation sheets if necessary*

Campaign Disclosure Statement  
Summary Page

**Amounts may be rounded to whole dollars.**

Statement covers period from <u>07/01/2020</u>		to <u>09/19/2020</u>																													
through <u>09/19/2020</u>		Page <u>3</u> of <u>12</u>																													
		I.D. NUMBER <u>1342332</u>																													
<p><b>CALIFORNIA FORM 460</b></p> <p><b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b></p>																															
<p><b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</p> <p><b>Column B</b> CALENDAR YEAR TOTAL TO DATE</p>																															
<table border="1"> <thead> <tr> <th></th> <th>Schedule A, Line 3</th> <th>\$ <u>16,121.00</u></th> <th>\$ <u>16,121.00</u></th> </tr> </thead> <tbody> <tr> <td>1. Monetary Contributions .....</td> <td>Schedule B, Line 3</td> <td>\$ <u>0.00</u></td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>2. Loans Received .....</td> <td>Add Lines 1 + 2</td> <td>\$ <u>16,121.00</u></td> <td>\$ <u>16,121.00</u></td> </tr> <tr> <td>3. SUBTOTAL CASH CONTRIBUTIONS .....</td> <td>Schedule C, Line 3</td> <td>\$ <u>0.00</u></td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>4. Nonmonetary Contributions .....</td> <td>Add Lines 3 + 4</td> <td>\$ <u>16,121.00</u></td> <td>\$ <u>16,121.00</u></td> </tr> <tr> <td>5. TOTAL CONTRIBUTIONS RECEIVED .....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Schedule A, Line 3	\$ <u>16,121.00</u>	\$ <u>16,121.00</u>	1. Monetary Contributions .....	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	2. Loans Received .....	Add Lines 1 + 2	\$ <u>16,121.00</u>	\$ <u>16,121.00</u>	3. SUBTOTAL CASH CONTRIBUTIONS .....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	4. Nonmonetary Contributions .....	Add Lines 3 + 4	\$ <u>16,121.00</u>	\$ <u>16,121.00</u>	5. TOTAL CONTRIBUTIONS RECEIVED .....							
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FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
FPPC Form 460 (-Jan/2016)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

## Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

### SCHEDULE A CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Patino for Mayor 2020

<b>Statement covers period</b>	<b>from</b> <u>07/01/2020</u>	<b>through</b> <u>09/19/2020</u>	<b>Page</b> <u>4</u> <b>of</b> <u>12</u>
<b>NAME OF FILER</b>	<b>I.D. NUMBER</b>		
			<u>1342332</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/2020	Tony Cossa PO BOX 7070 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Tolman & Wilker	200.00	200.00	G2020 \$200.00
08/12/2020	Randy Sharer 777 Foxen Canyon Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	1,000.00	1,000.00	G2020 \$1,000.00
08/12/2020	Vernon Edwards Construction, Inc. 2045 A Preisher Lane Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G2020 \$300.00
08/13/2020	Johannah Bradley 350 Cameron Ave. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2020 \$100.00
08/13/2020	Larry Lavagnino 212 E Morrison Ave. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	150.00	G2020 \$150.00
<b>SUBTOTAL \$</b>						<b>1,750.00</b>

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 15,300.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 821.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 16,121.00**

**SUBTOTAL \$**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA FORM 460**

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM <b>460</b>
Patino for Mayor 2020			Page <u>5</u> of <u>12</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)
08/13/2020	Tom Martinez 1641 Coral Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Tom Martinez & Associates
08/13/2020	James Morrow 720 Linwood Lane Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired AHC Biology Teacher N/A
08/14/2020	DONALD LAHR 2336 S. MEREDITH Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER-MANAGER LAHR INDUSTRY WELDING
08/14/2020	Milt Guggia Enterprises, Inc. 719 S. McClelland St., PO Box 5459 Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
08/14/2020	Eileen Trujillo 2436 Ridgemarck Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A
<b>SUBTOTAL \$</b>		<b>1,550.00</b>	

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 (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA FORM 460**

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM Page <u>6</u> of <u>12</u>				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	I.D. NUMBER	PER ELECTION TO DATE (IF REQUIRED)
08/15/2020	Patino for Mayor 2020					1342332	
08/15/2020	Henri Ardantz 2222 Arrowhead dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agribusiness Bonipak	500.00	500.00	G2020	\$500.00
08/15/2020	Tildon McGill 190 Lakeview Rd. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2020	\$100.00
08/15/2020	Jeff Sharer 839 Foxen Canyon Rd. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Sharer Harvest Company	200.00	200.00	G2020	\$200.00
08/16/2020	Georganne Ferini 1029 Ocean Blvd. Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife N/A	1,000.00	1,000.00	G2020	\$1,000.00
08/18/2020	Judith Bartel 2991 Country Club Ln Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	G2020	\$500.00
							<b>SUBTOTAL \$ 2,300.00</b>

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 (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA 460**  
 FORM

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM <b>460</b>	Page <u>7</u> of <u>12</u>		
Patino for Mayor 2020			I.D. NUMBER 13422332			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2020	Michael Moats 525 East Plaza Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician SELF	500.00	500.00	G2020 \$500.00
08/20/2020	Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2020 \$100.00
08/20/2020	Jay Hardy 550 Sycamore Creek Ln Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer Hardy Diagnostics	100.00	100.00	G2020 \$100.00
08/20/2020	Helmut Stolch 405 Marian Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2020 \$100.00
08/21/2020	CONNIE QUIGLEY 403 ST ANDREWS WAY Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	200.00	G2020 \$200.00
				<b>SUBTOTAL \$</b>	<b>1,000.00</b>	

\*Contributor Codes

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 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA 460**  
 FORM

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM		Page <u>8</u> of <u>12</u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Patino for Mayor 2020						
08/21/2020	Steven Will 2849 Lorenzita Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	G2020 \$500.00
08/22/2020	James McGlothin 1125 Terrazzo Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G2020 \$100.00
08/23/2020	James Diani 1320 Foxenwood Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction A.J. Diani Construction Co., Inc.	500.00	500.00	G2020 \$500.00
08/24/2020	Burt Fugate 2625 S. Miller Ste 107 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Charter Brokerage & Investment Co.	500.00	500.00	G2020 \$500.00
08/24/2020	Patti Rodriguez 3126 Bunfill Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2020 \$100.00
<b>SUBTOTAL \$</b>				<b>1,700.00</b>		

\*Contributor Codes

IND – Individual  
 COM – Recipient Committee  
 (Other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA 460**  
 FORM

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	Page <u>9</u> of <u>12</u>	I.D. NUMBER <u>1342332</u>	PER ELECTION TO DATE (IF REQUIRED)
Patino for Mayor 2020	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
DATE RECEIVED		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President OSR Enterprises Inc.	500.00	500.00 G2020 \$500.00
08/26/2020	James Rice 1910 E Stowell Rd Santa Maria, CA 93454				
08/28/2020	Dottie Lyons 914 Fairway Vista Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management Dottie Lyons	200.00	200.00 G2020 \$200.00
08/30/2020	Brooks Firestone 619 Rancho Alisal Dr. Solvang, CA 93463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00 G2020 \$250.00
08/31/2020	Nabil Fadel 1218 S Blosser Rd Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant/Retail Shop Owner SELF	500.00	500.00 G2020 \$500.00
09/01/2020	Carl Engel 415 Wisteria Dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00 G2020 \$500.00
		<b>SUBTOTAL \$</b>		1,950.00	

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

**SCHEDULE A (CONT.)**  
**CALIFORNIA 460**  
**FORM**

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM Page <u>10</u> of <u>12</u>			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/01/2020	Jerry Schmidt 6050 Impala Trail Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Officer/Broker Schmidt Family Investments Inc.	500.00	500.00	G2020 \$500.00
09/03/2020	Ted Martino PO BOX 5754 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Atlas Performance Industries	500.00	500.00	G2020 \$500.00
09/04/2020	Daniel Blough 2637 Lorencita Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer SELF	1,000.00	1,000.00	G2020 \$1,000.00
09/04/2020	Sylvia Centeno 626 Farrell Dr Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	100.00	100.00	G2020 \$100.00
09/04/2020	Joseph Doud 1284 West Main Street Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pacific Coast Produce	1,000.00	1,000.00	G2020 \$1,000.00
				<b>SUBTOTAL \$</b>	<b>3,100.00</b>	

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA FORM 460**

NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	Page <u>11</u> of <u>12</u>			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
					I.D. NUMBER	
Patino for Mayor 2020					1342332	
09/08/2020	Marcia Ibsen 550 Gazelle Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2020 \$100.00
09/09/2020	Bob Orach 1718 E. Bilbao Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G2020 \$100.00
09/10/2020	Peter Lopez 201 W Main St Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Re/Max Superstar Realty	250.00	250.00	G2020 \$250.00
09/10/2020	Tri W Enterprises, Inc 2236 S. Broadway PO Box 6149 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2020 \$500.00
09/16/2020	Viki Murray 312 E. Las Flores Way Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Rancho Bowl	1,000.00	1,000.00	G2020 \$1,000.00
						<b>Subtotal \$ 1,950.00</b>

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## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Patino for Mayor 2020

## SCHEDULE E CALIFORNIA FORM 460

Statement covers period  
from 07/01/2020  
through 09/19/2020

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I.D. NUMBER  
1342332

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		Bookkeeping	131.25
Innovative Printing 2445 A St Santa Maria, CA 93456	LIT		Mailing cards, letterheads, etc.	757.38

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 888.63
- Unitemized payments made this period of under \$100 .....\$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....\$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....**TOTAL \$ 888.63**